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## BIB DATA SHEET

CONFIRMATION NO. 6059

| SERIAL NUMBER  | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT  | ATTORNEY DOCKET<br>NO.                         |
|--|---|--|---|--|
| 10/723,250   | 11/26/2003  | 514  | 1612  | 3518.1024-000                                  |
| <b>RULE</b>  |   |  |   |  |
| <b>APPLICANTS</b><br>Thomas M. DiMauro, Southboro, MA;<br>Mohamed Attawia, Canton, MA;<br>Hassan Serhan, South Easton, MA;<br>Melissa Grace, Raynham, MA;<br>Michael Slivka, Taunton, MA;<br>Thomas G. Ferro, Fort Wayne, IN;<br>Vivek N. Shency, Sunnyvale, CA;<br>Alonzo D. Cook, Lakeville, MA;<br>Scott Bruder, Sudbury, MA; |   |  |   |  |
| <b>** CONTINUING DATA *****</b>  |   |  |   |  |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |  |   |  |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>03/11/2004   |   |  |   |  |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /SNIGDHA<br>MAEWALL/<br>Examiner's Signature  | <input type="checkbox"/> Met after<br>Allowance<br>SM<br>Initials   | <b>STATE OR<br/>           COUNTRY</b><br>MA | <b>SHEETS<br/>           DRAWINGS</b><br>13   | <b>TOTAL<br/>           CLAIMS</b><br>89       |
|  |   |  |   | <b>INDEPENDENT<br/>           CLAIMS</b><br>13 |
| <b>ADDRESS</b><br>HAMILTON, BROOK, SMITH & REYNOLDS, P.C.<br>530 VIRGINIA ROAD<br>P.O. BOX 9133<br>CONCORD, MA 01742-9133<br>UNITED STATES   |   |  |   |  |
| <b>TITLE</b><br>Local intraosseous administration of bone forming agents and anti-resorptive agents, and devices therefor  |   |  |   |  |
| <b>FILING FEE<br/>           RECEIVED</b><br>3002  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |